

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 7/2005)

**See Instructions and \*Privacy  
Statement On Reverse Side**

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME

Elona Baum

SSN or EMPLOYEE NUMBER\*

DEPARTMENT

CIRM

POSITION

General Counsel

CB/ID No.

DIVISION or BUREAU

CIRM

INDEX NUMBER

RESIDENCE ADDRESS \*

HEADQUARTERS ADDRESS

210 King Street

TELEPHONE NUMBER

CITY

STATE ZIP CODE

CITY

STATE

ZIP CODE

San Francisco

CA

94107

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY		
(2) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
DATE	TIME										MILES			AMOUNT	
4/4	12:00 21:00	SFO/ Washington, DC	330.91		8.49	25.42	4.99	153.00	T				522.81		
4/5	8:00 17:00	Washington, DC	330.91			9.04		12.00	T			9.95	361.90		
4/6	8:00 17:00	Washington, DC	330.91			40.26		10.00	T				381.17		
4/7	8:00 17:00	Washington, DC	330.91										330.91		
4/8	8:00 17:00	Washington, DC						10.00	T				10.00		
4/14	8:00 17:00	Washington, DC						139.70	A				139.70		
													0.00		
													0.00		
													0.00		
													0.00		
													0.00		
													0.00		
													0.00		
													0.00		
													0.00		
(10) SUBTOTALS			1,323.64	0.00	8.49	74.72	4.99	324.70			0.00	0	0.00	9.95	1,746.49
COLUMN CODE (ACCTG. USE ONLY)															

**CLAIM TOTAL**

1,746.49

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Reimbursement for Elona Baum for:

1) Travel to Washington DC April 4 - 6 , 2011 to attend the Alliance for Regenerative Medicine Annual Meeting then from 6 - 8, 2011 to attend the 2011 Transnational Regenerative medicine Forum.

0/5 2010 OOP 31

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

0.51

**AGENCY ACCOUNTING OFFICE  
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

04/25/11

(16)

AND PAYMENT

DATE

4/25/11

(17) SIGNATURE AND TITLE OF SUPERVISOR (See Item 17 on reverse)

DATE